

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 011784500 FILING DATE

APPLICANT(S)

01/21/85

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2			1		
3			1		
4			1		
5			1		
6			1		
7			1		
8			1		
9			1		
10			1		
11			1		
12			1		
13			1		
14			1		
15			1		
16			1		
17			1		
18			1		
19			1		
20			1		
21			1		
22			1		
23			1		
24			1		
25			1		
26			1		
27			1		
28			1		
29			1		
30			1		
31			1		
32		1	1		
33		1	1		
34		1	1		
35		1	1		
36		1	1		
37		1	1		
38		1	1		
39		1	1		
40		1	1		
41		1	1		
42		1	1		
43		1	1		
44		1	1		
45		1	1		
46		1	1		
47		1	1		
48		1	1		
49		1	1		
50		1	1		
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

TOTAL IND.	3		
TOTAL DEP.	11		
TOTAL CLAIMS	11		